EXHIBIT A

2150° 4444	17377 5	State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 2															
1	Total Number of Vehicles	Local No./ District Case C15-07916							HIT & RUN	INVESTIGATION MADE AT SCENE?				1			
A/1 01 A/2	ACCIDENT 003/01/2015 CCIDENT 003/									itary Time)	Amen	ed	PIED COPY				
01	PLACE OF ACCIDENT ACCIDENT PRIVATE YES									YES NO	05/06/204						
В	ROAD ON WHICH STREET/ INTERSTATE 80								ONE-WAY YES NO			40.724380					
2 2	DISTANCE FROM	FEET 2440	000	HIGHW	STREET? AY NO. 80	○ %	LONGITUDI	+									
D	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY OFFECT X MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSS												ROSSING	3			
1 V1/M	3.00 X SHELTON OVERPASS I-80												1				
01 v2/m	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN MILES 4.00 N S E W AND N S E W OF NEAREST TOWN SHELTON													7			
E 1	R. WORK R1 R2 R3 R4 S. PEDESTRIAN S1 S2 S3 S4 S5-a S5-b S6-a S6-b DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? CODES 1 DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? CYES X NO																
F	DRIVER NO H13702183 VEHICLE NO. 1 STATE NE SEX OFFEMALE											:					
1 V1/N	DRIVER LARRY R BLAIR									(Of License)	LOCAL NO.				\dashv		
1 V2/N	DRIVER ADDRESS 224 E 4TH ST, AXTELL, NE 68924 CITY, STATE, ZIP OS BIRTH (MM / DD / YYYY) OS										05/23	05/23/1973					
G	DANDEE CONSTRUCTION / DAN BUSER 308-627-6660 OWNER ADDRESS CITY, STATE, ZIP CITATION YES										CITATION NO.				V1/2 09		
2 H	305 EAST 8TH STREET, POB 2587, KEARNEY, NE 68848								○ PENDI	NG <mark>X</mark> NO		STAT	TE .		V1/3		
3	PLATE I NO. 092390 YEAR MAKE MODEL BODY							E	COLOR ESTIMATED DAMAGE					NE	V1/4		
V1/O 4		2003 CEC14X33Z	Chevrole 115363	et S	SC1		Pickup	truck		E COMPANY M BUREAU	TOTALE	>			V1/5		
V2/O	TOWED TO TOWED BY GRAND ISLAND KRAMER'S								POLICY NO	7109				01 V1/6			
1	DRIVER				VE	HICLE	NO. 2			STATE				FEMALE	75		
1 V1/P		NO.						PHONE		(Of License)	LOCAL NO	SE	X	MALE	4		
7 V2/P	DRIVER ADDRESS CITY, STATE, ZIP									DATE OF BIRTH					V2/1		
	OWNER									(MM/DD/YYYY)	LOCAL NO.				V2/2		
01	OWNER ADDRESS CITY, STATE, ZIP								CITATION PENDI	CITATION NO.				V2/3			
V1/Q		NO.	e	luc.			Inony eng		YEAR (Plate Expires)			STAT (Of Pk	ate)		V2/4		
V2/Q	VEHICLE YEAR MAKE MODEL BODY S							E	COLOR ESTIMATED DAMAGE TOTALED \$						V2/5		
K	VEHICLE ID NO. (V/N) INSURANCE COMPANY TOWED TO TOWED BY POLICY NO.											V2/6					
01	Complete this section for all injured persons								DATE	OF BIRTH	1 2 3 4 5						
VEH. #	(Complete a continuation report, if more than three were injured) H. # NAME ADDRESS								(MM /	Seat Position	Eject	Body Region		ans. M F			
1	LARRY R BLAIR 224 E. 4TH ST., AXTELL, NE 68924 05/23/1973 01 3 01 LOCAL NO. MEDICAL FACILITY NAME COORD SOMEOFITOR HOSPITAL EMS SERVICE NAME EMS PLUI REPORT NO.										2 2	2 M					
VEH. #												2 .	2 M				
1	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME EMS RUN REPORT NO.									² ⁴	_ IVI						
VEH. #	Good Samaritan Hospital Good Samaritan EMS											2 M					
1	LOCAL NO.	MEDICAL FACILITY I	NAME		00403		Iton Vol	unteer		escue Cir	EMS RUN	REPO	RT NO.				

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⊢	THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS INDICATE BY DIAGRAM WHAT HAPPENED AGENCY CASE NO. AGENCY CASE NO.																
۱(INDICATE BY DIAGRAM WHAT HAPPENED C15-07916														
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						F80 Mes	a bound		Front right	t passenger	A. C. C.						
	-		-			1-80 Me		-	W. A.	- Comment			-	-			
							Front m	niddle passer	ger Driver	Interstate fe	stice						
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									A CONTRACTOR OF THE PARTY OF TH								
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L,		_							BASED ON OFFICER'S I								
									. Vehicle #1 crossed into naers #2 and #3 received								
	bound shoulder. All three occupants of Vehicle #1 were ejected. Passengers #2 and #3 received serious injuries. A legal blood draw was taken from the driver of Vehicle #1. Drug use is suspected from all three occupants since methamphetamine was found at the scene. Kramer's towing removed Vehicle #1.																
/	All three occupants were transported to Good Samaritan Hospital in Kearney. Occupant #2 was taken by Air Care and eventually flown to Omaha.																
≥	OBJE	СТ	AMA	GED	OWNER NAME			ADDRESS	5	PHONE			APPROX. 0	OST OF D	AMAGE-		
OBJECT DAMAGED OWNER NAME					OWNER NAME			ADDRESS	i	PHONE				\$ APPROX. COST OF DAMAGE			
Differ name													\$				
								ADDRESS	5				IONE	EEEO			
WITNESSES	NAME		GIL	/3UII				ADDRESS	5				402-499- IONE	JJ50			
M	Ma	ary	K	Gibson									402-432-	0171			
VEHICLE MOVEMENT POINT OF IMPA BEFORE COLLISION MOST DAMAGE									AIRBAG DEPLOYED VEHICLE 1	RESTRAINT U		TOTA			EH 2		
VE	н		w	ROAD OR HIGHWAY NAMI	(Ent	er numbers f			4	1	ightharpoonup	ALCOH	WI15	Driver	Pedes-		
NO 1	+	+	χ.	INTERSTAT	T 6	0154	a general co	N.E.S.	- 5	- 1 -]	TESTIN	G No. 1	No. 2	trian		
\vdash	₩	4	X	INTEROTAL	POINT OF	CLE 1	POINT OF	LE 2	4		ШΙ	ALCOHO LEVEL	_	Y	Y		
2	Ш	\perp	Ц		IMPACT	09	IMPACT		Deployed - front Deployed - side	1 None used - vehicle 2 Lap & shoulder belt	used	TESTE		N	N		
1	0	1		06 Turning left	DAMAGED AREA	11	MOST DAMAGED AREA		Deployed - both front/side Not deployed	3 Shoulder belt only u 4 Lap belt only used 5 Child safety seet up		BAC LEVI		Driver	Driver		
2 07 Making U-turn 08 Entering			08 Entering	"				5 Not applicable/ No airbag available	5 Child safety seat us 6 Child booster seat us 7 DOT approved helm	used A		OHOL/ UGS	No. 1	No. 2			
01 Essentially 09 Leaving					00 None 02 03 04 09 Top & windows			6 Unknown	ed		ECTED						
straight ahead traffic lane 02 Backing 10 Parked					10 Underc	10 Undercarriage 01			VEHICLE 2		VEHICLE 2			ither alcohol nor drugs suspected s - alcohol suspected			
03 Changing lanes 11 Slowing or 04 Overtaking/ stopped in traffic				s 11 Slowing or	11 Total (a raffic 12 Other	. –	<u> </u>	<u> </u>			+H	3 Yes - 0	drugs suspec alcohol & dru	ted	ted		
	Passi	ing	_	12 Other	12 Oller	30	3 07	1 06			┦∏	5 Unkno		ys susper	Lieu		
	Turni FICER			13 Unknown	TROOP/			DEPARTI	MENT			Т	Photogram	he A	5 YES		
	10				TEAM/ BEAT				raska State Patrol				Photograp taken?	*****	> NO		
5	,,,																
INV				AME (Print or Type)			ATOR SIGN	ATURE		Suci	ATENT	500000	21204	5		